

JAN 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44914

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1. PLACE OF DEATH

County Washington
Township Belgrade
City (No.) St. Ward)

Registration District No. 985
Primary Registration District No. 0183

File No.
Registered No. 27

2. FULL NAME

Norman Paul Tullock

(a) Residence, No. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO

13. NAME Calvin Tullock

14. BIRTHPLACE (CITY OR TOWN) Shirley (STATE OR COUNTRY) MO

15. MAIDEN NAME Lilly Kollman

16. BIRTHPLACE (CITY OR TOWN) Belgrade (STATE OR COUNTRY) MO

17. INFORMANT Calvin Tullock (ADDRESS) Belgrade, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade DATE 12-13-37

19. UNDERTAKER Norman White & Son (ADDRESS) Belgrade, Mo.

20. FILED Jan 8 1938 Mrs Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937, to Dec 13, 1937

I last saw him alive on Dec 13, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Membranous Croup

Date of onset

Dec 10

Other contributory causes of importance:

Name of operation 10 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Austin M. D.
(Address) Belgrade Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

